Case <u>3</u>:07-cv-04967-PJH Document 9

USM-285 is a 5-part tom. Fill out the form and print 5 copies. Sign as needed and route

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

DEFENDANT California Department of Corrections, et al. NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CO SERVE AT NAME OF NOIVEDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CO CORRECTION OF PROPERTY TO SEIZE OR CO SEND NOTICE OF SERVICE OPPY TO REQUESTER AT NAME AND ADDRESS BELOW SEND NOTICE OF SERVICE OPPY TO REQUESTER AT NAME AND ADDRESS BELOW Kevin Burton, C-38062 R.J. Donovan State Prison P.O. Box 779007 San Diego, CA 92179 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Attenuals Add of All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting drivige on behalf of: SPACE BELOW FOR U.S. OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LIN Lakeonstedge receipt for the total number of process indicated. No.		RT CASE NUMBER 07-4967 PJH (PR)					-	n	PLAINTIFF Kevin Burton
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2. USMS RECORD

3. NOTICE OF SERVICE

BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT	TYPE OF PROCESS
California Department of Corrections, et al.	Summons Order and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DI	
SERVE Correctional OFFICER GARCIA	7/152
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960	00/
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Cumburg process to be 21/19 Process to be 21/1
Kevin Burton, C-38062 R.J. Donovan State Prison P.O. Box 779007	Number of parties to the CALLED RIVIA
San Diego, CA 92179	Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SEALT Telephone Numbers, and Estimated Times Available for Service):	ERVICE (Include Business and Alterate Addresses, PRILL OF CALLED BUSINESS AND ALTERATE ADDRESS AND ALTERATE ADDRES
Signature of Attorney other Originator requesting service on behalf of:	THE CHICAGO IN A COLOR
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Felicia Relobatulus Culta Defendant	415-522-2000 6/10/07
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO	OT WRITE BELOW THIS LINE
A acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve No	orized USMS Deputy or Clerk Date
hereby certify and return that I have personally served, have legal evidence of service, have on the individual, company, corporation, etc., at the address shown above on the on the individual, comp	e executed as shown in "Remarks", the process described bany, corporation, etc. shown at the address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. name	d above (See remarks below)
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendants usual place of abode
Address (complete only different than shown above)	Date Time ar
	Signature of U.S. Marshal or Deputy
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits including endeavors)	Amount owed to U.S. Marshal* or (Amount of Refund*)
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4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

s a 5-part form. Fill out the form and print 5 copies. Sign as needed and route

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

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PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT	TYPE OF PROCESS
California Department of Corrections, et al.	Summons Order and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION.	
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AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	// _
Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	served with this Form 285
Kevin Burton, C-38062 R.J. Donovan State Prison P.O. Box 779007 San Diego, CA 92179	Number of parties to be served in this case, 19 Check for service
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVI	on U.S.A. (CE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):	Fold
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Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time
	Signature of U.S. Marshal or Deputy
	Amount owed to U.S. Marshal* or (Amount of Refund*)
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PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD	

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal, 5. ACKNOWLEDGMENT OF RECEIPT

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NU CV-07-4967 PJ	
DEFENDANT	TYPE OF PROCES	
California Department of Corrections, et al.	Summons Order	
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SERVE Correctional OFFICER GRAYWALD		
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		// ~
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San Diego, CA 92179	· · · · · · · · · · · · · · · · · · ·	CAP 2
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Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE
Felicia Reloba Tellikkelis Defendant	415-522-2000	6/10/07
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO	NOT WRITE BELO	W THIS LINE
	Authorized USMS Deputy or Clerk	Date
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han one USM 285 is submitted) No. No. No.	u	(a/40/02
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I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	named above (See remarks below)	
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PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM-285 is a 3-part form. Fill out the form and print 5 copies. Sign as needed and route as specified

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT	TYPE OF PROCESS
California Department of Corrections, et al.	Summons Order and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERV	E OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE AT Correctional OFFICER HORRENCE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	<i></i>
Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 9396	FILED
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be u
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San Diego, CA 92179	Check for service on U.S.A.
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All Telephone Numbers, and Estimated Times Available for Service):	- Fald
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve No. 11 No. 11 No. 11	of Authorized USMS Deputy or Clerk Clark Date,
I hereby certify and return that I \square have personally served, \square have legal evidence of service, on the individual, company, corporation, etc., at the address shown above on the on the individual	
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, e	c. named above (See remarks below)
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time am
	Signature of U.S. Marshal or Deputy
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PRINT 5 COPIES: 1. CLERK OF THE COURT	PRIOR EDITIONS MAY BE USED

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PLAINTIFF Kevin Burton	COURT CASE NU CV-07-4967 PJ	
DEFENDANT	TYPE OF PROCES	
California Department of Corrections, et al.	Summons Order	and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR D	DESCRIPTION OF PROPERTY	Y TO SEIZE OR CONDEM
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P.O. Box 779007	serven industrase	19
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Signature of Attorney other Originator requesting service on behalf of	TELEPHONE NUMBER	DATE
Felicia Reloba Lillia Kerbar Defendant	415-522-2000	6/10/07
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO N	OT WRITE BELO	W THIS LINE
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I hereby certify and return that I am unable to locate the individual, company, corporation, etc. name	ned above (See remarks below)	
Name and title of individual served (if not shown above)	A person of s	suitable age and discretion
		in defendant's usual place
Address (complete only different than shown above)	Date	Time
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		<u> </u>
	Signature of U.S.	Marshal or Deputy
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits	s Amount owed to U.S. Ma	rshal* or
including endeavors)	(Amount of Refund*)	
	\$0	.00
REMARKS: 1/1/2 - Contacted 3 Lit Parchiate . @ CICO		
REMARKS: 1/1/08- Contacted Lit. Coordinates @ SUSP 1/2/08-No Record of Individent - summone		

- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Case 3:07-cv-04967-PJH Document 9 Filed 07/09/2008 Page USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton				COURT CASE NU	
DEFENDANT		<u> </u>	-	TYPE OF PROCE	
California Department of Cor	rrections et al				r and Complaint
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Kevin Burton, C-3 R.J. Donovan Stat P.O. Box 779007	te Prison			Number of parties to be served in this case	S. DISTRICT COURT TOP CALIFORNIA
San Diego, CA 92	2179			Check for service on U.S.A.	
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Signature of Attorney other Originate	or requesting service on be	half of:	PLAINTIFF	TELEPHONE NUMBER	7 ARE _
	Follow !		DEFENDANT	415-522-2000	6/10/07 G
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process District of Origin	District to Serve	Signature of Autho	rized USMS Deputy or Clerk	Date 6/30/02
hereby certify and return that I on the individual, company, corpora	have personally served,	have legal eviden	ce of service have	executed as shown in "Rem any, corporation, etc. shown	arks", the process described at the address inserted below.
I hereby certify and return that I	am unable to locate the in	dividual, company,	corporation, etc. name	d above (See remarks below)	
Name and title of individual served ((if not shown above)				suitable age and discretion g in defendants usual place
Address (complete only different than	n shown above)			Date	Time
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3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Case 3:07-cv-04967-PJH Document 9 Filed 07/09/2008 Paul USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton				COURT CASE N		
DEFENDANT			<u> </u>	TYPE OF PROC	<u>-`-</u> -	
California Department of Co	rrections, et al.	,		Summons Ord	er and Complaint	
NAME OF INDI	IVIDUAL, COMPANY, CO	ORPORATION, ET	C. TO SERVE OR DES			NDEMN
SERVE) Correction	onal Officer	L PHILMO	7			
AT ADDRESS (Street	eet or RFD, Apartment No.,	City, State and ZIP	Code)	-	-	
Salinas Valle	y State Prison, P.O. Be	ox 1020, Soleda	d, CA 93960	F	11	
SEND NOTICE OF SERVICE COP	PY TO REQUESTER AT N	IAME AND ADDRI	ESS BELOW	Number of process to served with this Form		
Kevin Burton, C-R.J. Donovan Sta P.O. Box 779007				Number of parties to E served in this case FICHAI CLERK, U.S. Check Tolkings	5e - 9 ₁₉ 2008	
San Diego, CA 92	2179			Check To HERK, U.S on U.S.A.	RD W. WIEKING DISTRICT COUR TRICT OF CALLEO	T RNIA
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Felicia Relo	R USE OF U.S. M	IARSHAL O		415-522-2000 OT WRITE BELO	6/10/07 OW THIS LIN	Œ
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more	Total Process District of Origin	District to Serve	Signature of Author	zed USMS Deputy or Cler	rk Date	1/
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Name and title of individual served ((if not shown above)			,	of suitable age and disc ng in defendant's usual	
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				Signature of U.	S. Marshal or Deputy	4
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- 1. CLERK OF THE COURT 2. USMS RECORD

- NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



USM-285 is a 5-past form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMBER CV-07-4967 PJH (PR)
DEFENDANT	TYPE OF PROCESS
California Department of Corrections, et al.	Summons Order and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE	OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE CORRECTIONAL OFFICER SINA AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 9396	· · · · · · · · · · · · · · · · · · ·
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
END NOTICE OF SERVICE COT TO REQUESTER AT MANIE AND ADDRESS BELOW	Number of process to de// served with this Form 285
Kevin Burton, C-38062 R.J. Donovan State Prison P.O. Box 779007	Number of parties and by DISTRICT COURT Check for service
San Diego, CA 92179	Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDIT All Telephone Numbers, and Estimated Times Available for Service):	TING SERVICE (Include Business and Alternate Addresses,
	DISTRICT ORNIA
ignature of Attorney other Originator requesting service on behalf of	TELEPHONE NUMBER DATE
Felicia Reloba L/Makelloz Defendan	TT 415-522-2000 6/10/07
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-D	O NOT WRITE BELOW THIS LINE
acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more lan one USM 285 is submitted) Total Process District of Origin Serve No	f Authorized USMS Deputy or Clerk Date
hereby certify and return that I have personally served, have legal evidence of so vices to the individual, company, corporation, etc., at the address shown above on the on the individual	have executed as shown in "Remarks", the process described I, company, corporation, etc. shown at the address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, et	c. named above (See remarks below)
ame and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendants usual place of abode
ddress (complete only different than shown above)	Date Time
	Signature of U.S. Marshal or Deputy
Prvice Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance D	Amount owed to U.S. Marshal* or (Amount of Refund*)
	\$0.00
EMARKS 1/1/08- contacted Lit andinator @ SVS	- New L. Frank & / sot warne
RINT 5 COPIES: 1. CLERK OF THE COURT	PRIOR EDITIONS MAY BE USE

- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

Case 3:07-cv-04967-PJH Document 9 Filed 07/09/2008 Page 10-69-10-04-91-7 USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT